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INCEDICATIONS. This favor	shall be used for the	!44! 4b - 10011	or <u>F</u>	ax (703) 746-4000		141 - 1 7		
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038598 7590 04/26/2005					accompanying papers. Each additional paper, such as an assignment or forma drawing, must have its own certificate of mailing or transmission.			
ANDREWS KURT	H LLP			uta	0.			
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Washington, DC 20					the USPTO, on the date indi		,,	
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FC:1501 1400.00 DA							(Signature	
FC:8001 9.00 DA							(Date	
APPLICATION NO.	FILING DA	ILING DATE		NAMED INVENTOR	ATTORNEY DOCKET NO. CONFIRMATION N			
09/367,636	05/25/200	0 JO	SE AN	E ANTONIO R. CONDADO 5063		4589		
TITLE OF INVENTION: MU APPLN, TYPE	SMALL ENTITY	ISSUE FE		PUBLICATION FEE	TOTAL FEE(S) DU	E _	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400		07/26/2005	
EXAMINE	EXAMINER		r	CLASS-SUBCLASS	7			
KENNEDY, SHARON E		3762 604-0960		604-096010				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1					
Change of correspondence ad Address form PTO/SB/122) a	spondence	1	nts OR, alternatively,		2 4311	DDEWC VIIDTILLE		
Address form P10/SB/122) attached. □"Fee Address" Indication (or "Fee Address" Indication form PT0/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RES	IDENCE DATA TO BE I	PRINTED ON THE						
PLEASE NOTE: Unless an a recordation as set forth in 37	ssignee is identified below	v no assignee data	will appe	ar on the patent. If an ass	signee is identified below,	the document	has been filed for	
(A) NAME OF ASSIGNEE		(B)	RESIDE	ENCE: (CITY and STATE	E OR COUNTRY)			
Condado Medical D	evices Corporati	on	St	. Paul, Minneso	ota			
Please check the appropriate assigne	ee category or categories (w	ill not be printed on t	he patent	individual 🗵	corporation or other pri	vate group enti	ity 🔲 government	
4a. The following fee(s) are end				nt of Fee(s):				
■ Issue Fee		☐ A chec	k in the	amount of the fee(s) is	enclosed.			
☐ Publication Fee (No small e	ntity discount permitted	•	•	edit card. Form PTO-20				
M Advance Onder # of Contr	. 2	► The Co	ommissi	oner is hereby authorize	d by charge the required	fee(s), or cred	dit any overpayment, to	

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Condado Medical Devices Corporation	St. Paul, Minnesota					
Please check the appropriate assignee category or categories (will not be printed on the patent) 🔲 individual 🗵 corporation or other private group entity 🔲 government						
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	☐ A check in the amount of the fee(s) is enclosed.					
☐ Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.					
□ Advance Order - # of Copies	The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2849 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).					
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Paternand Trademark Office.						
Authorized Signature	Date July 26, 2005					
Typed or printed name Sean S. Wooden	Registration No. 43,997					

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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ATTORNEY DOCKET NO.: 5063

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):

Jose Antonio R. Condado

Confirmation No.: 4589

Application No.:

09/367,636

Examiner:

Kennedy, Sharon E.

Filing Date:

May 25, 2000

Group Art Unit:

3762

Title:

MULTI-PURPOSE CATHETERS, CATHETER SYSTEMS, AND RADIATION TREATMENT

ISSUE FEE PAYMENT TRANSMITTAL

Mail Stop Box Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In accordance with the Notice of Allowance and Issue Fee Due mailed April 26, 2005, applicants are submitting herewith the Issue Fee Transmittal (Part B) including an advance patent copy order for three (3) patent copies in the above-captioned application.

Please charge the Issue Fee and advanced patent copies fee in the amount of \$709.00 to **Deposit Account No. 50-2849**. In the event any variance exists between the amount authorized to be charged and the Patent Office charges, please charge or credit any such variance to **Deposit Account No. 50-2849**.

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Telephone No.: (202) 662-2700 Facsimile No.: (202) 662-2739

Respectfully submitted,

Sean S. Wooden

Attorney/Agent for Applicant(s)

Reg. No. 43,997

Date: July 26, 2005